

# Mental Health and the Juvenile Justice System

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# What is Mental Health?

According to the U.S. Department of Health  
and Human Services

“Mental health includes a person’s psychological, emotional, and social well-being and affects how a person feels, thinks, and acts”

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<https://ojjdp.ojp.gov/mpg/literature-review/mental-health-juvenile-justice-system.pdf>



Why is access to mental health resources important for youth involved in the justice system?

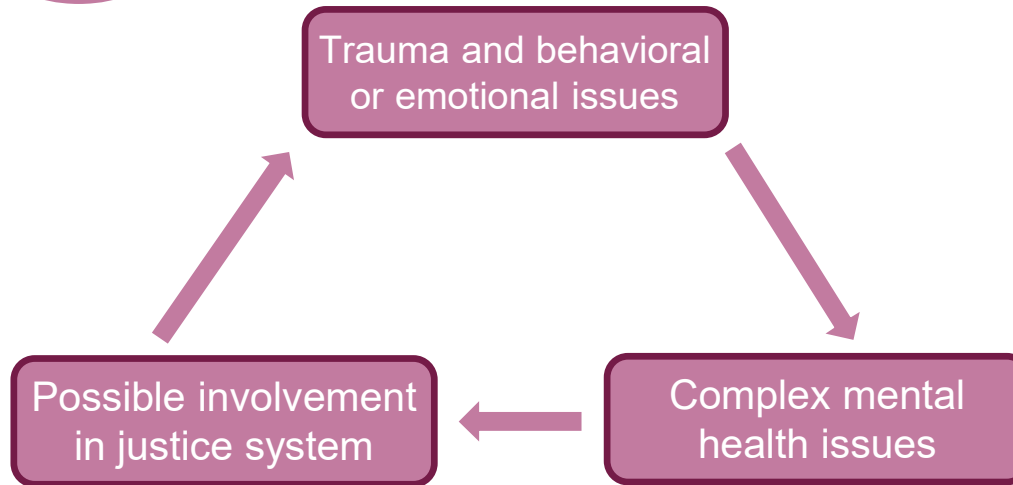


# According to youth.gov ...

**65% to 70%** of justice involved youth have a diagnosable mental illness

**30%** of justice involved youth display severe mental illness

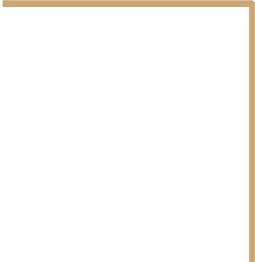
Justice-involved youth are trapped into a cycle at a young age that makes them more likely to be imprisoned.




The intertwined nature of youth with mental illness having a predisposition for crime involvement and most youth in the justice system having or developing mental health disorders leads to the statistic that most “youth in the system meet the criteria for or are diagnosed with more than one mental health disorder.

## Common Mental Health Issues found in Justice-Involved-Youth:

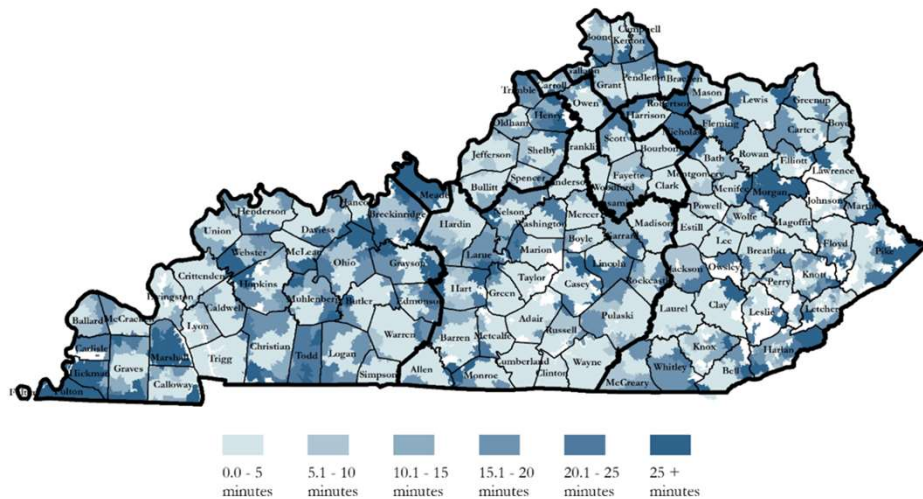
1. Disruptive disorders
2. Substance abuse
3. Anxiety
4. Mood disorders



Data related to the availability, scope, and accessibility of  
mental health services for youth in the juvenile justice  
system.



# Accessibility Charts



Drive Time to Mental and Behavioral Health Services

According to this [Office of Juvenile Justice Programs](#), all areas of Jefferson County are within a five-to-fifteen-minute drive to a mental health or behavioral health service.

This source also highlights the difficulty children in rural areas have when trying to access mental health care.

There are many underlying issues that prevent children from accessing mental health care such as cost, insurance coverage, time constraints, and more.

This drive time map points out another issue that prevents children from receiving proper care: general availability.

## Availability of Mental Health Services Charts (continued)

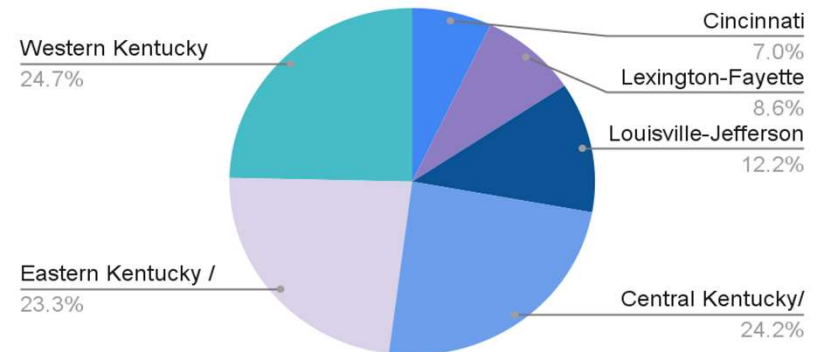
The pie charts display which areas of Kentucky have mental health facilities or programs that are the most accessible. This accessibility data is based off "Kentucky Juvenile Justice Reform Evaluation: Assessment of Community-Based Services for Justice-Involved Youth" which was published in March 2020.

Chart 1 shows the **percentage of mental health programs offered in relation to other programs**. For example, in relation to all other prevention programs (family programs, prosocial activities, substance abuse programs, etc.) , Western Kentucky's mental health programs make up 24.7% of these programs.

Chart 2 shows availability of mental health services in regards to population size.

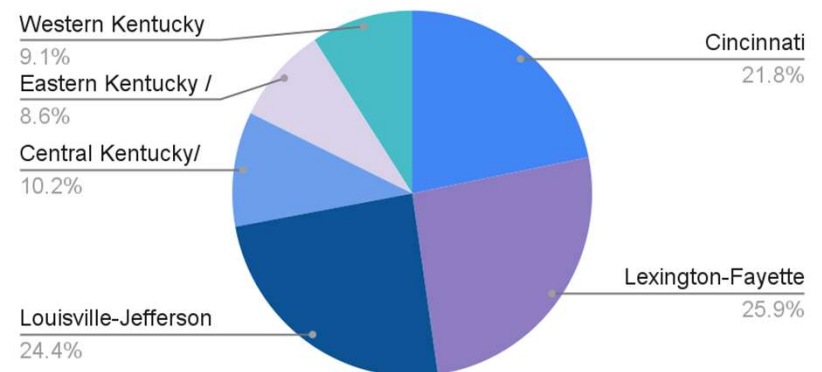
Total Mental and Behavioral Health by Region

Chart 1



Mental and behavioral health program density by

Chart 2





What mental health services are available for youth across the U.S? What are these trends in Kentucky?





# Mental Health in the National Juvenile Justice System

Nationally, in 2018, there were about 744,500 cases in juvenile justice courts.

More than 31 million youth were under juvenile court jurisdiction in 2018.

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<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/juvenile-court-statistics-2018.pdf>

## Comparing CA and KY

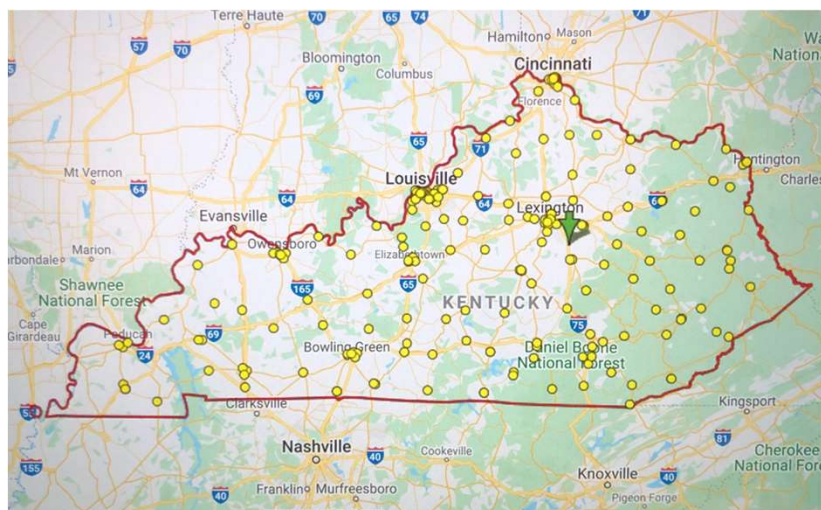
- According to Mental Health America, California is ranked the 16th best state for mental health services.
  - Kentucky is ranked 32nd on this list.
  - The following slides compare California to Kentucky to show how much work Kentucky needs to do in order meet the standards of the 16th best state, not even the top 10 states in the United States.
  - The next few slides emphasize the differences in facilities of the two states and highlights why California is considered a better mental health state than Kentucky.
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<https://data-openjustice.doj.ca.gov/sites/default/files/2020-06/Juvenile%20Justice%20In%20CA%202019.pdf>

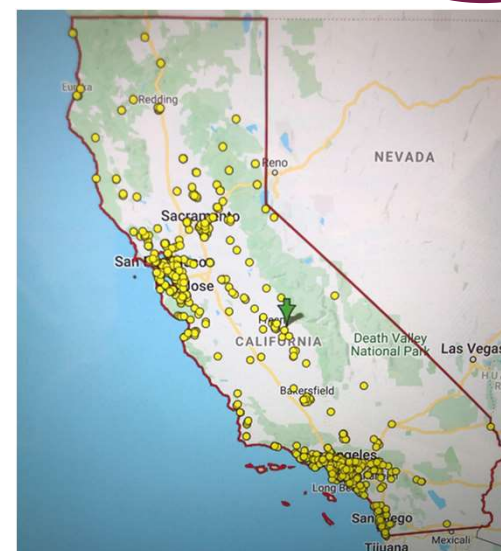
# Comparing CA and KY

## Mental Health Services

<https://kyyouth.org/kentucky-kids-count/data/>  
<https://www.census.gov/quickfacts/fact/table/KY/AGE295219#AGE295219>



Kentucky (205 mental health facilities)  
78% accept children  
6,255 youth/facility  
77 justice-involved youth/facility



California (817 mental health facilities)  
61% accept children  
18,161 youth/facility  
35 justice-involved youth/facility

# Comparing CA and KY

## Mental Health Services

- Compared to other states, California has one of the highest quantities of mental health facilities (817).
  - However, due to their substantial population, in the 61% of facilities that accept children, the ratio of child to facility is 18,161 to 1.
  - In Kentucky, there are far fewer facilities (205), but in relation to the state's population this is understandable.
  - In the 78% of facilities that accept children there are 6,255 children per every one facility.
  - If Kentucky's numbers are much lower than California's, why is the ratio of justice-involved youth/facility in KY more than is CA?
  - Simply, CA offers more programs and treatment within their mental health facilities than KY.
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# National Mental Health

Why does California have fewer juveniles incarcerated?

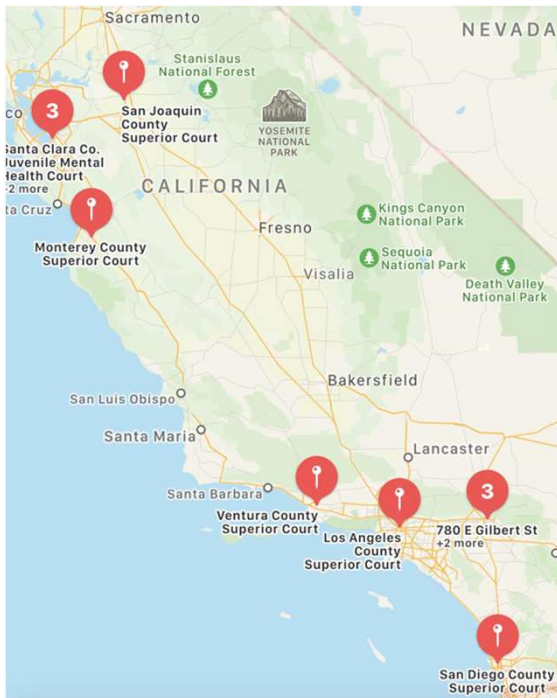
- In California, 68.5% of juvenile defenders are not detained.
- Mental health courts allow for less harsh detention options, such as:
  - Home confinement (academic and family support)
  - Consistent and intensive supervision
  - Indepth treatment programs

<https://tinyurl.com/ewr33me4>

[Juvenile Mental Health Courts Overview - collaborative\\_justice \(ca.gov\)](#)

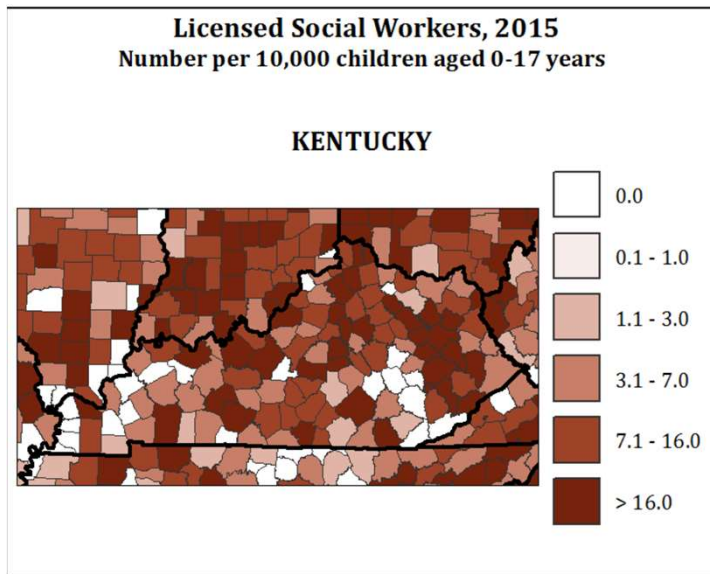
# Comparing CA and KY

## Juvenile Mental Health Courts

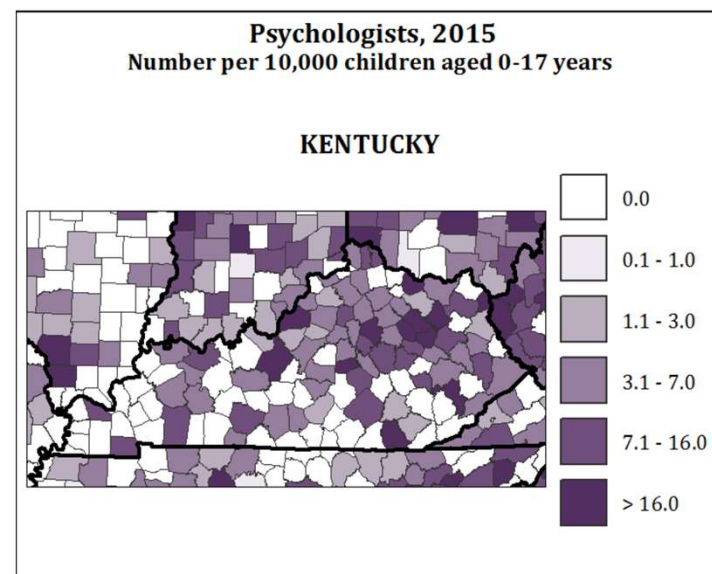


- In California, there are 11 juvenile mental health courts. Juvenile Mental Health Courts are delinquency courts dedicated to minors with mental health diagnosis.
- California, Florida, Ohio, and Washington have active juvenile mental health courts.
- They focus on providing access to treatment.
- Juvenile mental health courts can serve up to 75 youth at a time depending on resources.
- Average length of involvement for youth is between 10 to 18 months.
- Kentucky has 0.

# Behavioral Health Services Available in Kentucky



Kentucky as a state has a variety of mental health resources for youth. Children can be assessed by pediatricians, psychiatrists, psychologists, social workers, or a family medicine physician. However, some counties do not have all five methods. As seen in these maps, many counties do not have psychologists or even licensed social workers to help children.



Data from the CDC  
<https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/kentucky/index.html>



# Mental Health Disparities

Youth with mental health issues are predisposed to crime involvement. When there is a lack of mental health services in a community, it is easy to fall into crime. This is why disparity in access to mental health is so important. There needs to be equal access to legitimate mental health services. This may decrease the overrepresentation of minority youth that exists in our juvenile justice system.

A group of Indigenous youth was screened for mental health issues via the MAYSI-2, and of those youth, 81.2% had adverse mental health of some kind.

Black youth have the highest involvement in the JJS. Out of the U.S. youth population, black youth make up 16%, yet represent 30% of juvenile court referrals, 38% of youth in residential services, and 58% of youth imprisoned within adult prisons.





How large are these KY mental health programs? How many youth do they serve?



The NCCHC standards recommend that all juvenile detention facilities provide mental health services by qualified professionals. However, in a 1991 conditions of confinement survey, many juvenile detainees (49%) had access to healthcare professionals less than daily, or only on an on-call basis.

In a 1998 follow up survey over the conditions of confinement, 61% of facilities reported having the services of a psychiatrist available, and 70% reported having the services of another mental health professional available.

**Table 1** Screening and Assessment Rates in Juvenile Detention Facilities

Type of Assessment	Detainees Screened or Assessed (%)
General screening	
Emergency medical problems	97
Drug or alcohol use	91
Potential behavioral problems	62
History of mental health problems	73
History of mental health treatment	57
More extensive assessment	
Mental health problems	61
Drug use/abuse/dependence	78
Alcohol use/abuse/dependence	75

**Table 2** Mental Health and Substance Abuse Services in Juvenile Detention Facilities

Type of Services	Juveniles in Detention With Access to Services (%)
Informal counseling/support	77
Family counseling	41
Services specifically for sex offenders	21
Services specifically for violent offenders	22
Services for drug/alcohol dependency	47
Suicide risk reduction	46
Services specifically for arsonists	6
Other specialized services	4



How do youth access these programs? How do they  
qualify?



# Assessment

Every youth where the MAYSI-2 or GAIN-SS is used is assessed on mental health upon entry into a juvenile corrections program.

Each juvenile program has a treatment director and a licensed psychologist who cover an assigned region. Within each region, these professionals are responsible for:

- overseeing a team of mental health workers
- training these workers to specifically aid justice-involved youth
- mental health screening (screenings include the use of MAYSI-2 and GAIN-SS)
- referrals and guiding youth to services necessary to address identified concerns.

The KYDJJ contracts with psychiatric hospitals/facilities that can meet the needs of youth needing mental healthcare.

## Types of Mental Health Assessment

### MAYSI-2 :

- The Massachusetts Youth Screening Instrument, Version 2

### GAIN-SS –

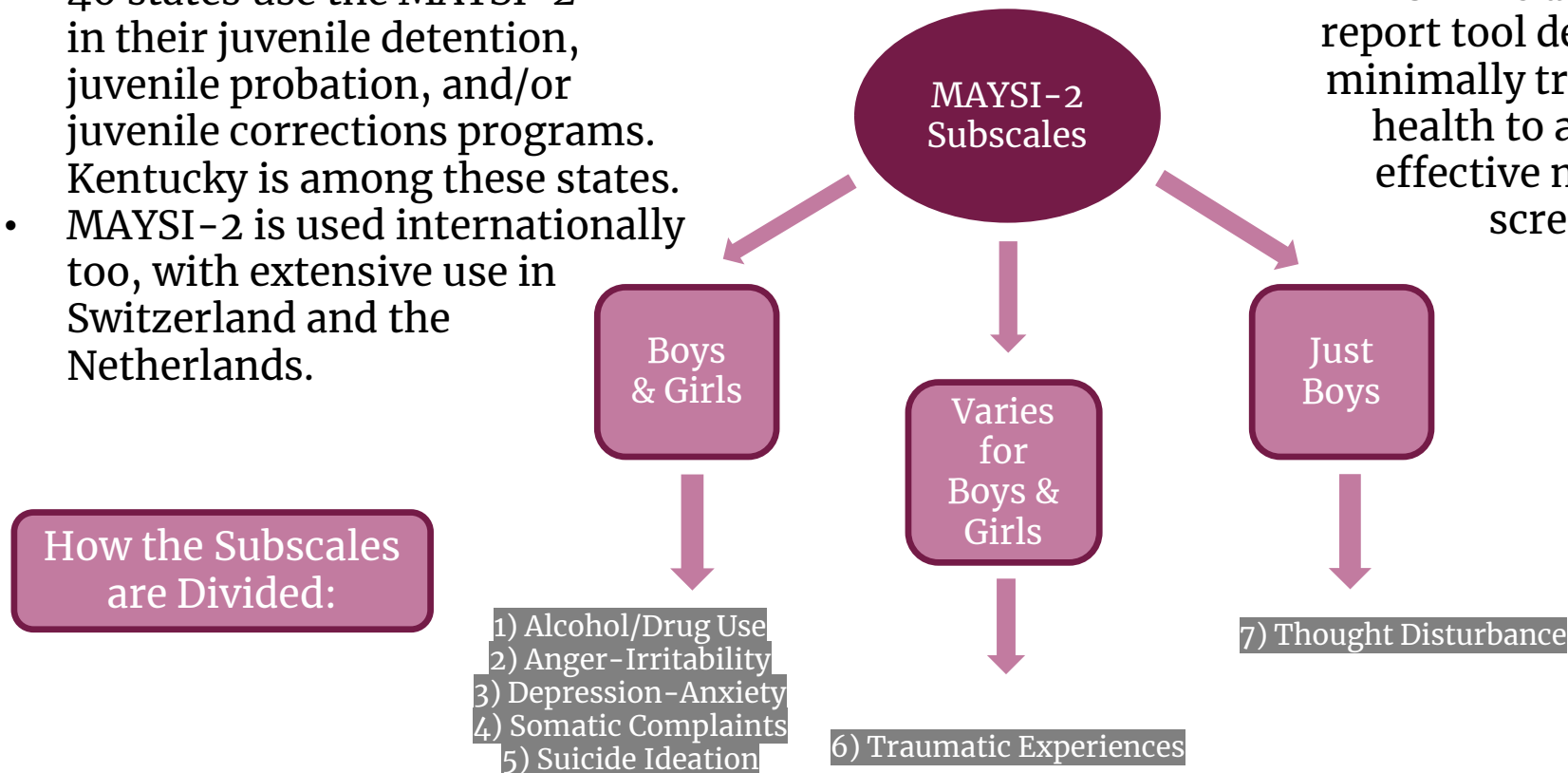
- The Global Appraisal of Individual Needs

# Assessment: MAYSI-2

## Use of MAYSI-2:

- 46 states use the MAYSI-2 in their juvenile detention, juvenile probation, and/or juvenile corrections programs. Kentucky is among these states.
- MAYSI-2 is used internationally too, with extensive use in Switzerland and the Netherlands.

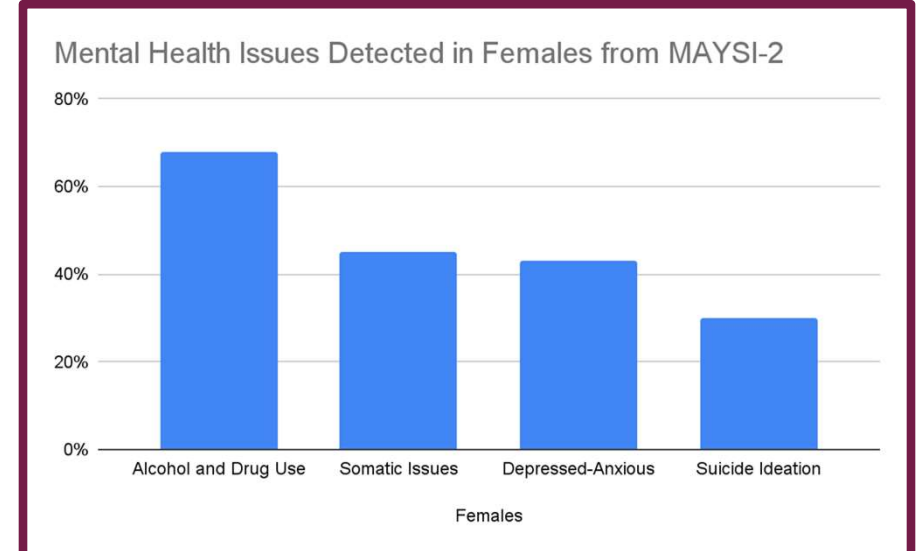
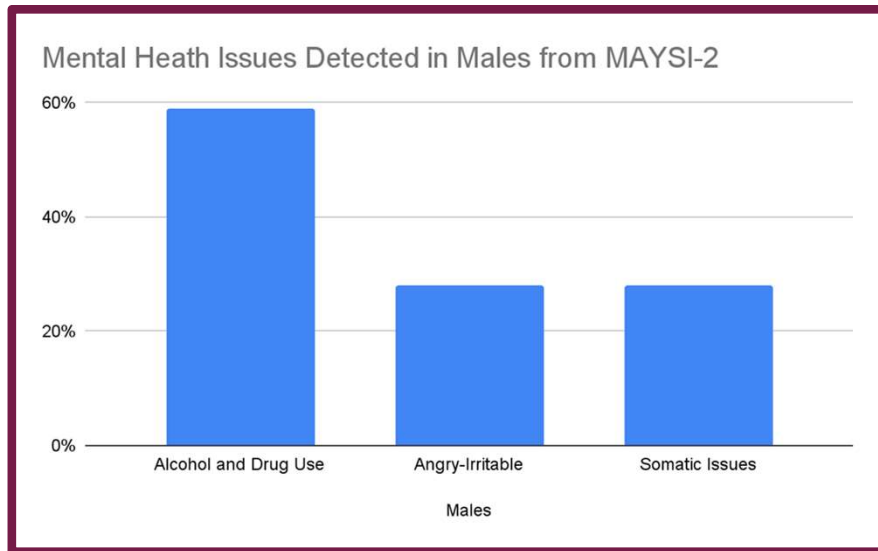
The MAYSI-2 was specifically designed for use in juvenile detention centers. It is split into various subscales. The MAYSI-2 is a 15-minute self-report tool designed for staff minimally trained in mental health to administer an effective mental health screening.



# Minority and Gender Statistics with the MAYSI-2

In an Australian study, “Over a 6-month period, all young people admitted into detention were referred for screening by the MAYSI-2, a 7-scaled instrument developed to identify young people within the youth justice system at greatest risk for serious mental, emotional or behavioral disorders.”

High levels of mental health problems and trauma were reported by the screeners.  
75% of males and 90% of females screened above the clinical cut-off for at least one scale.



<https://pubmed.ncbi.nlm.nih.gov/18564078/>

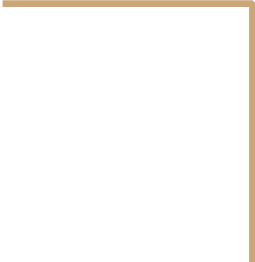
# Assessment: The GAIN (The Global Appraisal of Individual Needs)

This is a test currently used in Kentucky to screen youth for mental or behavioral health needs. There are multiple different types of GAIN tests, but our state's system uses the GAIN-SS (the “SS” meaning “short screener”).


By providing the GAIN-SS test to youth in the justice system, examiners can take this data to see if there is need for the youth to be treated for their mental or behavioral health needs.

## **GAIN-SS**

The GAIN-SS is a screener to be used in general populations to quickly and accurately identify clients who would be flagged as having one or more behavioral health disorders on the GAIN-I.



What is working well and not working well with these youth-focused mental health programs? What are the outcomes?





# Strategies That Seem to be Working

Clinical staff in the KY Department of Juvenile Justice in detention centers, development centers, and group home facilities have received training in:

- Cognitive Behavioral Trauma Informed Therapy
- Trauma Focused Yoga Practices
- Trauma and Grief Cognitive Therapy for Adolescents

Trauma Focused Yoga practices are incorporated into group sessions.

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# Programs Currently Available in KY

“Programs are available to support youth coping with the effects of

- bullying
- homelessness
- human trafficking
- trauma

School systems are working to become trauma informed, and divert youth from referrals to the juvenile justice system for issues such as truancy and poor academic performance.

Referrals to community mental health centers for individual and family mental health services are often made.”

<https://jjab.ky.gov/About%20Us/Annual%20Reports/3-year%20plan%202018-2020.pdf>

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# Funding possibilities for mental health for justice involved youth



# Federal Funding (7/2020)

A federal grant of up to \$12 million allowed Kentucky to provide comprehensive behavioral health and social services for almost 1,500 children and youth in the state's child welfare system.

The four-year **grant** of up to \$3 million a year was intended to improve long-term outcomes for youth through age 21.

The grant was intended to complement Kentucky's efforts to **transform child welfare services** and to implement the federal **Family First Prevention Services Act**, which funds mental health and substance use treatment for families with children who are at risk of entering the child welfare system.

The grant money was planned to be spent in areas with a high need for and low access to mental health services. Officials said services were expected to support 1,485 youth over the four-year grant period.

<https://imprintnews.org/subscriber-content/federal-grant-to-fund-behavioral-health-services-for-at-risk-youth/45476>

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# Recent Funding

- Kentucky's Title II Juvenile Justice Formula Estimated Grant Allocation for Fiscal Year 2021 is \$631,198.
- Kentucky was awarded \$1,000,000 to support juvenile justice system reform training and technical assistance in 2021.
  - Assist in developing research-based policies and practices that reduce recidivism, racial/ethnic disparities, and improve outcome for youth in the system
  - Risk assessments, developmentally-appropriate supervision, alternatives to incarceration, diversion initiatives
- In FY 2020, KY was awarded \$695,423 to support the Juvenile Justice and Delinquency Prevention Act.
  - This funding was designed to serve males and females between 15-21.
  - Priorities of this act are to:
    - Develop and sustain an advisory board
    - Continually assess and address needs in the system
    - Strengthen local community collaborations
    - Advance equity related to the juvenile justice system

<https://tinyurl.com/53xw4p5e>

<https://ojjdp.ojp.gov/funding/FY21-Title-II-Solicitation-Files>

# FY 2021 Funding Recommendations

- 2021 Edward Byrne Justice Assistance Grant Award Recommendations (2021–2022)
    - \$1,698,441 recommended to support 11 JAG (Justice Advisory Grant) programs
    - Prevention and education programs
    - Mental health programs and related law enforcement and corrections programs, including behavioral programs and crisis intervention teams
    - <https://justice.ky.gov/Departments-Agencies/Documents/GMD/JAG%202021%20Funding%20Summary.pdf>
-

# KYDJJ Second Chance Act

Successful Treatment and Reentry of Youth with Co-occurring  
Substance Abuse and Mental Health Needs

Source:

<https://ojjdp.ojp.gov/funding/awards/2018-cz-bx-0032>

The Second Chance Act allows the federal government to grant funds to states or local departments of government in order to improve reentry attempts for post-incarcerated youth. Under this provision, the KYDJJ has been able to fund services that help Eastern Kentucky youth with “co-occurring substance abuse problems and mental health disorders.”

The goal to successfully help youth was first funded in 2018. Since then, almost \$400,000 has been granted to meet this goal.

This act allows for funding to be granted to mental health programs.

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# Other Funding

## Kentucky 2018 Title II Formula Grants Program

- **First Awarded:** 2018
- **Amount of Funding:** \$583,534
- **Goal:** Original goal of this funding includes many things, however, it also addresses “treatment programs” for youth in the JJS. These treatment programs can include mental health treatment.

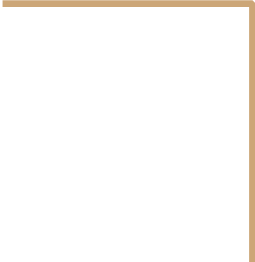
## Title II – Kentucky

- **First Awarded:** 2018
- **Amount of Funding:** \$695,423
- **Goal:** “The purpose of this program is to support state and local delinquency prevention and intervention efforts and juvenile justice system improvements.”
  - One of those intervention efforts and JJS improvements is addressing mental health needs and treatments for justice involved youth.


<https://ojjdp.ojp.gov/funding/awards/2018-jx-fx-0003>

<https://ojjdp.ojp.gov/funding/awards/2020-jx-fx-0009>





From these research findings, what changes can be made regarding mental health for youth in the justice system?



# Gender Disparities

During the Fall 2021 Retreat, the JJAB mentioned several times that girls are the fastest growing population entering the juvenile justice system today.

In a study in Ohio (data shown to the right), girls in the juvenile justice system proved to suffer from mental health issues at higher rates than boys. Therefore, the mental health services provided to girls need to account for the differences in the needs.

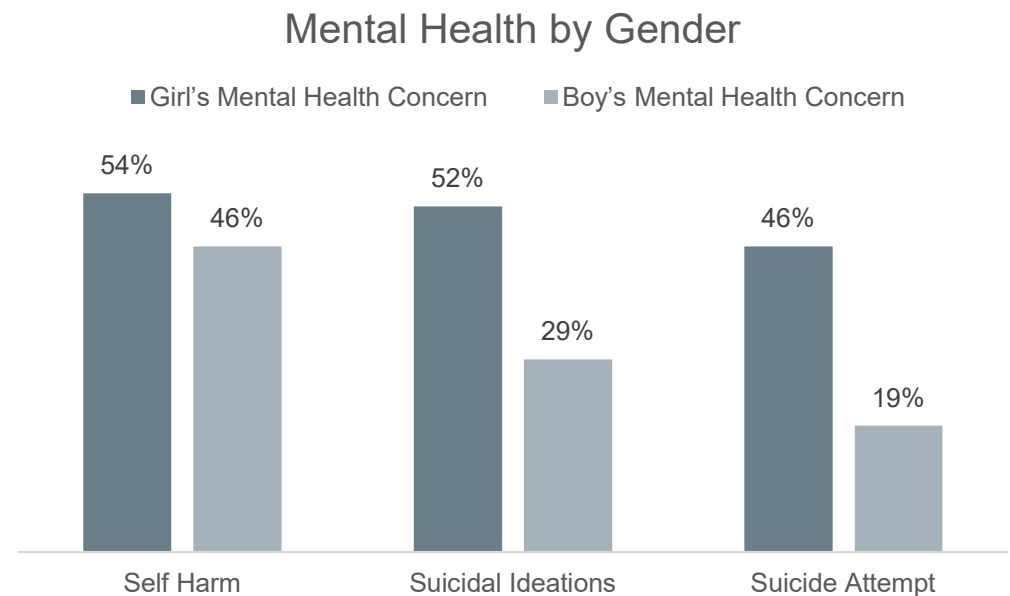
<https://youthlaw.org/publication/enhancing-mental-health-advocacy-for-girls-in-the-juvenile-justice-system/>

According to an Ohio study, in the Juvenile Justice System:

54% of girls and 46% of boys reported trying to harm themselves

52% of girls and 29% of boys reported thinking about suicide

46% of girls and 19% of boys attempted suicide



# *Katie A. v. Bonta*

- Court Case from December 2011
- State of California
  - Girls were more likely to be placed in residential facilities far away from their homes, out-of-county.
- Settlements providing for intensive home-based services and coordinated case management for children who are in foster care or who are at risk of removal from their families
- Services must be delivered in home community.
- Goal is for agencies to incorporate gender-responsive programming into *Katie A.* Services that are aiding in local mental health support.
- Focusing on female-specific mental health concerns and keeping the youth in *their own community* so re-entry is easier

<https://www.dhcs.ca.gov/Documents/ChildrensMHContentFlaggedForRemoval/KatieA.CourtDocumentation/KatieASettlementNotice.pdf>

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# References

- [youth.gov ...](#)
- [Office of Juvenile Justice Programs](#)
- <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/juvenile-court-statistics-2018.pdf>
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- <https://tinyurl.com/ewr33me4>
- [Juvenile Mental Health Courts Overview - collaborative\\_justice \(ca.gov\)](#)
- <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/kentucky/index.html>
- [Black youth](#)
- <http://www.nysap.us/maysi2/index.html>
- <https://pubmed.ncbi.nlm.nih.gov/18564078/>
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- <https://youthlaw.org/publication/enhancing-mental-health-advocacy-for-girls-in-the-juvenile-justice-system/>
- <https://www.dhcs.ca.gov/Documents/ChildrensMHContentFlaggedForRemoval/KatieA.CourtDocumentation/KatieASettlementNotice.pdf>
- [Ranking the States | Mental Health America \(mhanational.org\)](#)
- <http://jaapl.org/content/34/2/204#sec-6>
- <https://ojjdp.ojp.gov/mpg/literature-review/mental-health-juvenile-justice-system.pdf>